

**QUARTERLY CONTRACT MONITORING REPORT (QCMR)  
DESIGNATED SCREENING SERVICES**

<b>USTF PROJECT CODE:</b>	<b>REPORTING QUARTER: (CHECK ONE)</b> <b>JULY 1 TO SEPTEMBER 30</b>  <b>OCTOBER 1 TO DECEMBER 31</b>  <b>JANUARY 1 TO MARCH 31</b>  <b>APRIL 1 TO JUNE 30</b>			
<b>NAME OF AGENCY:</b>				
<b>NAME OF PROGRAM:</b>				
<b>PERSON COMPLETING FORM/PHONE #</b>				
<b>DATE SUBMITTED:</b>	<b>YEAR:</b>			
<b>CHECK AGENCY REPORTING QUARTER:</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>

1. Total Duplicated Episodes of Care (Admissions to DSS) Provided by the Designated Screening Service:

A. # Adults (age 18 and above):

B. # Youth (thru age 17):

2. Total Duplicated Episodes of Care (Admissions to DSS) with Disposition to discharge to the community:

A. # Adults (age 18 and above):

B. # Youth (thru age 17):

3. Total Duplicated Episodes of Care (Admissions to DSS) with Disposition to voluntary inpatient psychiatric bed:

A. # Adults (age 18 and above):

B. # Youth (thru age 17):

4. Total Duplicated Episodes of Care (Admissions to DSS) with Disposition to involuntary inpatient psychiatric bed:

A. # Adults (age 18 and above):

B. # Youth (thru age 17):

5. Total Duplicated Episodes of Care (Admissions to DSS) with Disposition to inpatient setting:

- A. Adults (to State psychiatric hospitals):
- B. Adults (to County psychiatric hospitals):
- C. Adults (Short Term Care Facilities):
- D. Adults (Short Term Care Facilities – Consensual Admission):
- E. Adults (Private Psychiatric Facility/Unit):
- F. Adults (Medical)
- G. Youth (Private Psychiatric Facility/Unit):
- H. Youth (Children’s Crisis Intervention Service units (CCISs):
- I. Youth (Other):

6. Total Episodes of Care (Admissions to DSS) On-Site:

- A. # Adults (age 18 and above):
- B. # Youth (thru age 17):

7. Total Episodes of Care (Admissions to DSS) Off-Site:

- A. # Adults (age 18 and above):
- B. # Youth (thru age 17):

8. Total number of staff face-to-face follow-up contacts delivered.

- A. # Adults (age 18 and above):
- B. # Youth (thru age 17):

9. Total number medication follow-up contacts delivered.

- A. # Adults (age 18 and above):
- B. # Youth (thru age 17):

10. Total number of crisis telephone contacts delivered:

11. Recidivism (# of Episodes of Care Involving Repeat Service Users):

12. Total Units (Hours) of Services Delivered:

Total Units (Hours) of Services Delivered By Episode of Care Disposition Type:

A. Episodes Ending with Discharge To Community:

B. Episodes Ending with in-patient transfer:

13. Total Units (Hours) of Services Adults/Youth:

A. Hospital/Inpatient Unit:

B. Emergency Room:

C. Community:

D. Jail:

E. Nursing Home:

F. Other:

Total Units of Service Provided to Adults:

G. Hospital/Inpatient Unit:

H. Emergency Room:

I. Community:

J. Jail/Juvenile DC:

K. School:

L. Other:

Total Units of Service Provided to Youth:

Submit to: [dmhs.gcmr@dhs.state.nj.us](mailto:dmhs.gcmr@dhs.state.nj.us)

Revised 04-26-2013

**QUARTERLY CONTRACT MONITORING REPORT (QCMR)  
DESIGNATED SCREENING SERVICES**

**DEFINITIONS:**

**Episodes of Care:** Refers to the provision of mental health services by designated screening service program staff to a consumer that includes, at a minimum, a comprehensive face-to-face assessment of the consumer's mental health needs and a disposition that includes a transfer (to an in-patient unit) or a discharge plan to the community with aftercare recommendations. (A person who is discharged to the community and is seen face-to-face by designated screening staff for several follow-up contacts counts as one episode of care.)

Note: "Duplicated" counts acknowledge that multiple episodes of care may be provided to the same consumer in a reporting period.

**Units (Hours) of Services:** Is the aggregate duration in hours of all of the episodes of care that were delivered during the reporting period. **One unit is equal to one hour of episode duration, irrespective of staffing matters. Record actual time; Do not round time.**

Note: An episode of care commences at the time in which face-to-face interaction between designated screening service staff and a consumer/family/ collateral informant is initiated and concludes when the face-to-face interaction between designated screening service staff and a consumer/family/ collateral informant ends. (Face-to-face follow up contact time subsequent to the provision of a discharge plan is NOT included in the episode duration calculation, as this output is collected elsewhere).

Illustration: Face-to-face contact with Bill and screening staff is initiated at 9:00 AM. Bill is provided with his aftercare plan at 11:30 AM and Face-to-face contact with screening staff terminates. This episode of care has a duration of 2.5 hours and the Screening program would accrue 2.5 Units of Service.

**On-Site:** Refers to services delivered in the building/campus/hospital that houses the designated screening program.

**Off-Site:** Refers to services delivered outside the building/campus/hospital that houses the designated screening program.

NOTE: For the purpose of fields 6 and 7 above, the episode of care should be classified based on where the initial face-to-face contact occurred. A mobile outreach that results in transport of the consumer back to the emergency department should be classified as an off-site episode of care.

**Staff Face-to-Face Follow-up Contacts:** Refers to an in-person contact, irrespective of length, between designated screening staff and a consumer subsequent to the provision of a discharge plan.

**Medication Follow-Up Contacts Delivered:** Refers to an in-person contact, irrespective of length, between designated screening staff and a consumer subsequent to the provision of a discharge plan, for the specific purpose of meeting the person's medication related needs.

**Crisis Telephone Contacts:** Refers to the aggregate number of telephone contacts between designated screening program staff and a consumer/family/collateral informant.

**Recidivism (# of Episodes of Care Involving Repeat Service Users):** Refers to the number of episodes of care during the reporting period, in which a consumer presents to the designated screening service (the same designated screening service) within 30 days of the conclusion of a previous episode of care.